

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585-375

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/					
4		/		/		
5	/					
6	/					
7	/		/			
8		/		/		
9	2					
10	2					
11	2					
12	2					
13	0					
14	0					
15	0					
16	0					
17	/		/			
18	/		/			
19	2					
20	2					
21	2					
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23	0					
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TOTAL IND.			3			
TOTAL DEP.			23			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						